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FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000061719 (7)

1. Corporation Name

C - CON ACQUISITION COMPANY, INC.



Principal Place of Business

P.O. BOX 1865
PALM HARBOR FL 34682

Mailing Address

P.O. BOX 1865
PALM HARBOR FL 34682

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1995

4. FEI Number

65-0601385

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 4515 BEE RIDGE ROAD

Suite, Apt. #, etc.

22

City & State

23 SARASOTA, FLORIDA

Zip

24 34233

Country

25 SARASOTA

2a. Mailing Address

26 4515 BEE RIDGE ROAD

Suite, Apt. #, etc.

27

City & State

28 SARASOTA, FLORIDA

Zip

29 34233

Country

30 SARASOTA

9. Name and Address of Current Registered Agent

LAZZARI, PETER R
4515 BEE RIDGE RD
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name

LAZZARI, PETER R.

82 Street Address (P.O. Box Number is Not Acceptable)

4515 BEE RIDGE ROAD

83

84 City

SARASOTA

FL

85 Zip Code

34233

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed in printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LAZZARI, PETER R

STREET ADDRESS P

CITY-ST-ZIP PALM HARBOR FL

TITLE C ☐ DELETE

NAME HEALEY, WILLIAM J

STREET ADDRESS 4415 BEE RIDGE RD

CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME LAZZARI, PETER R

1.3 STREET ADDRESS 4515 BEE RIDGE ROAD

1.4 CITY-ST-ZIP SARASOTA, FL 34233

2.1 TITLE C ☒ Change ☐ Addition

2.2 NAME HEALEY, WILLIAM J

2.3 STREET ADDRESS 4515 BEE RIDGE ROAD

2.4 CITY-ST-ZIP SARASOTA, FL 34233

3.1 TITLE V ☐ Change ☒ Addition

3.2 NAME WALENSKY, K.C.

3.3 STREET ADDRESS 4515 BEE RIDGE ROAD

3.4 CITY-ST-ZIP SARASOTA, FL 34233

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE K. C. WALENSKY 4/1/98 941-771-4120

CR2E034 (10/97)